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APPLICANTS

Joseph Andrew Chinn, Austin, TX;
 R. Michael Casanova, Austin, TX;

**** CONTINUING DATA *******
 This application is a CIP of 09/359,235 07/22/1999 PAT 6,528,107
 which is a CIP of 09/232,922 01/19/1999 ABN
 which is a CIP of 09/605,804 06/28/2000 ABN

**** FOREIGN APPLICATIONS *******
 None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/24/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature Initials	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
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ADDRESS
 23720
 WILLIAMS, MORGAN & AMERSON, P.C.
 10333 RICHMOND, SUITE 1100
 HOUSTON, TX
 77042

TITLE
 Antibiotic treated implantable medical devices

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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